IAC
INTERSOCIETAL ACCREDITATION COMMISSION
CARDIAC ELECTROPHYSIOLOGY

Quality Improvement Assessment Questions

Cardiac Electrophysiology: Device Implantation

Answer the questions below by reviewing the images and final report for a given case study. It is recommended that any discrepancies noted in the analysis be reviewed and shared with medical, nursing and technical staff members. The analysis is provided to assist the facility in furthering its ongoing Quality Improvement (QI) process.

I. Test appropriateness

With the clinical information provided, was the procedure ordered for an appropriate indication? Part C, 2.1.1C

- O Appropriate/usually appropriate
- O May be appropriate
- O Rarely appropriate/usually not appropriate

Comments:

II. Safety and procedural outcomes

1. Was a "Time-Out" for proper patient and procedure identification performed and documented? Part B, 1.2.3B — O Yes O No
2. Was a "Fire Safety Evaluation" performed and documented? Part B, 1.2.5B — O Yes O No
3. Did the physician procedural report document complication/adverse outcome(s)? Part B, 1.7.3.5B — O Yes O No
4. Did the physician procedural report contain one or more internal inconsistencies? Part B, 1.7.3B — O Yes O No
5. Was fluoroscopic exposure documented, when applicable, (e.g., fluoroscopy time, radiation dose, dose-area product)? Part B, 1.7.1.3B xi — O Yes O No O N/A
6. Which category best describes the device type for this procedure? (MIPS Quality Specialty-Specific Measure Set #393)
   - O Pacemaker devices (single or dual chamber)
   - O Implantable cardioverter-defibrillators (ICDs, single or dual chamber)
   - O Cardiac resynchronization devices (pacemaker or ICD)
   - O Implantable loop recorders (ILRs)
7. Was this a first time implantation of an ICD? (MIPS Quality Specialty-Specific Measure Set #348) — O Yes O No
8. Was this procedure performed as a result of a first time implantation of an ICD? (MIPS Quality Specialty-Specific Measure Set #348) — O Yes O No
9. If your answer to #8 was "Yes"; did any of the following complications/outcomes occur? (MIPS Quality Specialty-Specific Measure Set #348)
   - ☐ Mechanical complications requiring a system revision
   - ☐ Device related infection
   - ☐ Additional ICD implantation
   - ☐ N/A
10. For new ICD placements in an adult; did the patient have an in-person in-person evaluation within 2 to 12 weeks following the procedure — either with the electrophysiologist or through coordination with another physician? (NQF Measure #2461) — O Yes O No O N/A
11. Immediately preceding this or following this procedure; did an infection of the device occur within 180 days? (MIPS Quality Specialty-Specific Measure Set #393) — O Yes O No

Comments:

III. Interpretive quality review

1. Did the physician procedural report include all positive and negative findings? Part B, 1.7.3.5B	○ Yes	○ No
2. Did the physician procedural report accurately discuss the baseline arrhythmia/rhythm? Part B, 1.6.3.7.B i	○ Yes	○ No
3. Did the physician procedural report accurately describe the technical components of the procedure (e.g., incision sites, lead position(s), pocket location, wound closure etc.)? Part B, 1.7.3.2B	○ Yes	○ No
4. Are all clinically significant findings report within the physician procedural report?	○ Yes	○ No
Was there variability between the original interpretation and the over read/peer review interpretation?	○ Yes	○ No
Could the interpretive quality of this procedure have been improved?	○ Yes	○ No

Comments:

IV. Report completeness and timeliness

1. Did the physician procedural report include an indication for the study? Part B, 1.7.3B	○ Yes	○ No
2. Did the physician procedural report include a summary of the results of lead testing? Part B, 1.7.3.3B	○ Yes	○ No
3. Did the physician procedural report include a summary of device implantation results? Part B, 1.7.3.5B	○ Yes	○ No
4. Was the study interpreted within the required time? Part B, 1.5.3B	○ Yes	○ No
5. Was the final report generated within the required time? Part B, 1.5.3B	○ Yes	○ No
Was the report complete? Part B, 1.6B	○ Yes	○ No
Was the final report completed in a timely manner? Part B, 1.5.3B	○ Yes	○ No

Comments: